

Indeed, the American Heart Association estimates that if what they call a strong chain of survival is in place, the survival rate of sudden cardiac arrest would increase to upward of 20 percent, saving as many as 40,000 lives per year. Think of that—40,000 lives per year if that chain of survival exists.

As Pat lay there on the floor following her collapse, I can only thank God that this chain of survival was present and went into effect. Secret Service agents and an on-hand emergency physician came to her side almost immediately.

These Good Samaritans began administering CPR, as well as utilizing a life-saving machine called an automatic external defibrillator, also known as an AED. If it had not been for the grace of the Holy Spirit, the rapid response of Secret Service agents and the on-hand emergency physician and the presence of an AED, Pat almost certainly would not have survived.

The American Heart Association has been a longtime leader in educating the country in cardiovascular disease and the need for preparing for cardiac emergencies.

Unfortunately, many Americans do not realize the kind of education and training that the Heart Association can provide until after an emergency situation occurs. I have certainly become even more aware of their services in light of my family's situation.

Quite simply, being prepared for a cardiac emergency can and does save lives. It is my hope, that by focusing on this year's American Heart Month theme—"Be Prepared for Cardiac Emergencies"—we can save many thousands of lives, not only this year, but in years to come.

I encourage all Americans to participate in American Heart Month, and take the time to educate themselves so that they will be prepared and know what to do when an emergency strikes.

For those of you who might be interested in how Pat is doing, she was in the hospital for 5 days. They inserted a defibrillator in her chest, so if she has another occurrence that defibrillator will respond to it.

My brother thanked me profusely for inviting him to the inauguration because he said Pat had this preexisting condition they did not know about, and if it had occurred somewhere else instead of the Convention Center, she would no longer be with us.

So we have a happy ending to what could have been a real tragedy for our family which, again, emphasizes that because of some folks out there who became involved in the chain of survival, she is now alive and well and able to take care of her family.

Thank you, Madam President.

Madam President, I suggest the absence of a quorum.

The legislative clerk proceeded to call the roll.

Mr. DORGAN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. DORGAN. Madam President, are we in morning business?

The PRESIDING OFFICER. The time until 12 noon is under the control of the Democratic leader.

RECOGNIZING AMERICAN HEART MONTH

Mr. DORGAN. Madam President, I want to talk about two items today. The first deals with February being American Heart Month. Let me describe my interest in this issue.

Today, of course, is Valentine's Day. Most of us will receive some kind of valentine from someone that has a red heart on it and describes love and affection. It is a wonderful day for all of us.

The other symbol is the human heart, which is a symbol that relates to the American Heart Association, an organization I have worked with a great deal. And also, as I said, this is American Heart Month.

Robert Benchley once said: "As for me, except for an occasional heart attack, I feel as young as I ever did," describing, of course, the devastation of the cardiac problems that people who suffer from heart disease have.

I want to talk, just for a moment, about that because we need to continue every day in every way to deal with this killer in our country. Heart disease is this country's number 1 killer. It is the leading cause of disability and the leading cause of death in our country.

Forty-one percent of the deaths in our country each year are caused by heart disease and other cardiovascular diseases, more than the next six leading causes of death combined. Cardiovascular disease and heart disease kill more women than the next 14 causes of death combined each year. That is 5.5 times more deaths than are caused by breast cancer.

How can we help fight heart disease? All of us work on a wide range of issues. I am very concerned about a wide range of diseases. I have held hearings on breast cancer in North Dakota. I have worked on diabetes especially with respect to Native Americans. But heart disease is a special passion for me. I lost a beautiful young daughter to heart disease some years ago, and I have another daughter who has a heart defect. I spend some amount of time visiting with cardiologists and visiting Children's Hospital talking about the human heart.

We know there is much more to be learned about heart disease. There is breathtaking and exciting research going on at the National Institutes of Health dealing with heart disease. I have been to the NIH and visited the researchers. What is happening there is remarkable. Congress is dramatically increasing the funding for research dealing with a wide range of diseases and inquiry into diseases at the Na-

tional Institutes of Health. We have gone from \$12 billion now to over \$20 billion, and we are on a path to go to \$24 billion in research at the National Institutes of Health.

I am pleased to have been one of those who stimulated that increase in the investment and research to uncover the mysteries of disease. To find ways to cure diseases and to prevent diseases—heart disease, cancer, so much more—is a remarkable undertaking, an outstanding and important investment for the country. How can we, however, as a Congress provide some focus to this issue of heart disease?

We have a Congressional Heart and Stroke Coalition that we founded in 1996. I am a co-chairman of that in the Senate and Senator FRIST, who is a former heart transplant surgeon, is the other co-chair. We have two co-chairs in the House of Representatives as well. We are active in a wide range of areas dealing with the issue of heart disease.

More than 600 Americans die every single day from cardiac arrest. That is the equivalent of two large jet airline crashes a day. But it is not headlines every day because it happens all the time, day after day, every day.

There is some good news, and that is that cardiac arrest can be reversed in a number of victims if it is treated within minutes by an electric shock. There is now something called an automatic external defibrillator, AED. The AEDs, which we have all seen on television programs where they are applying a shock to someone to restart their heart, used to be very large machines. Now they are portable, the size of a briefcase, easily usable by almost anyone, even myself. I was in Fargo, North Dakota, one day with the Fargo-Moorhead ambulance crew, and the emergency folks use these defibrillators, the portable briefcase size defibrillator. They showed me how to hook it up and how to use it.

Without having any experience at all, someone off the street can just hook up one of these portable defibrillators and use it without mistake or error to save lives. The question is, how can we now make these portable defibrillators easily accessible in public buildings all around the country, and other areas of public access, so they're available to help save lives when someone has a sudden cardiac arrest? That is what we are working on.

We have passed legislation to try to make these available in airplanes. We have passed legislation to try to move them around to make them available in public buildings. We should do much more than that. They are affordable, easy to use, and can save lives. We ought to have these new portable defibrillators as common pieces of safety equipment in public buildings like fire extinguishers are now. It is achievable, and it is something we should do.

We also need to find ways to do more cholesterol screening. That also relates

very much to cardiovascular disease. We know the identification of one of the major changeable risk factors for cardiovascular disease—that is, high levels of cholesterol—is not covered by Medicare. Clearly, we ought to cover those kinds of screenings under Medicare.

The American Heart Association recommends that all Americans over the age of 20 receive cholesterol screening at least once every five years. But when an American turns 65 and enters the Medicare program, their coverage for cholesterol screenings stops. That makes no sense. We have tried in recent years to improve the Medicare coverage of preventive services. We now cover screenings for breast, cervical, colorectal and prostate cancer, testing for loss of bone mass, diabetes monitoring, vaccinations for the flu, pneumonia, and hepatitis B. Now we must provide Medicare coverage for cholesterol screenings as well.

I intend to introduce legislation that would add this important benefit to the menu of preventive services already covered by Medicare. I have just mentioned also the substantial amount of new research going on at the National Institutes of Health.

I confess that my passion about this issue comes from my family's experience—in the first case, a tragic experience. In the second case, we hope for an experience that will show us the miracles of research that are coming from the National Institutes of Health that provide new treatments and new remedies and new cures for some of these illnesses, including heart disease. We hope this will offer my family good news in the future; not just my family, every family. Every family is touched and is acquainted in some way with this issue of heart disease. As I indicated, it is America's number 1 killer.

I have been pleased to work with the American Heart Association, a wonderful organization of volunteers all across this country that does extraordinary work. I will continue to work with them and work with the heart and stroke coalition in the Congress to see if we can't continue to make progress in battling this dreaded disease that takes so many lives in our country.

AIRLINE SERVICE

Mr. DORGAN. Madam President, I rise to speak for a moment about the airlines and the airline service in our country. Last weekend, the National Mediation Board released Northwest Airlines and one of its unions, called AMFA, from the mediation service that was going on.

Now we are under a 30-day march to a potential labor strike and therefore shutdown of airline service. It is not just Northwest Airlines. We have a United Airlines dispute in front of the National Mediation Board. We have a Delta Airlines dispute there, and an American Airlines dispute.

What has happened in recent years with the airlines, not just with respect

to these labor issues, but with respect to the way the airlines have remade themselves since deregulation, is very troubling to me and should be very troubling to most of the traveling public in this country.

I mentioned earlier, today is Valentine's Day. I suggest for a moment that you might want to take a trip on Valentine's Day. If you want to go to Bismarck, ND—and if you say no because it is February, I would admonish you that Bismarck, ND, is a wonderful place and it is not all that cold in the winter—guess what the walk-up cost for a flight to Bismarck, ND, is—\$1,687. But assume your sweetheart is very special and you decide, I am not going to go Bismarck. I am going to Paris, France. Do you know the fare you can find to Paris, France today? It is not \$1,687. We have found walk-up fares to Paris, France, for \$406; or Los Angeles, \$510. So fly to Bismarck for \$1,687 or Paris, France, for \$406.

Ask yourself, what kind of a nutty scheme is this that these private companies have developed a pricing scheme that says: If you fly twice as far, we will charge you half as much. But if you fly half as far, we will charge you twice as much.

Using Bismarck again, if you have a hankering to see the largest cow on a hill overlooking New Salem, ND—the cow's name is Salem Sue, the world's largest cow—or to go to see Mickey Mouse at Disneyland in Los Angeles, you pay twice as much to go half as far to see the largest cow, or pay half as much to go twice as far to see Mickey Mouse. What kind of a nutty idea is that? Who on earth comes up with these pricing schemes? Deregulation comes up with pricing schemes that say, by the way, we are not going to regulate the airlines. They can compete aggressively between the big cities where a lot of people want to travel. That competition will drive down prices, and you have really nice prices among the large cities where people are traveling. Meanwhile, the rest of the folks get soaked with extraordinarily high prices and less service.

So what happened after deregulation is these major airlines decided they really liked each other a lot and started romancing each other and they merged. What used to be 11 airlines is now 7. They want to merge some more and they want to go from 7 to 3 airlines.

What happened through all these mergers? They retreated into the regional hubs, such as Minneapolis, Denver, Atlanta—you name it; they have retreated to regional hubs where one airline will control 50 percent, 70 percent, 80 percent of the hub traffic. The result is that a dominant airline controlling the hub traffic sets its own prices, and those prices are outrageous.

Now, here is the point: We now have outrageous prices for people in sparsely populated areas in the country. We have a system of deregulation in which the airlines have become unregulated

monopolies in regional hubs, and now we have a circumstance where United decided it wants to buy USAir, and American wants to buy TWA because TWA is going to be in bankruptcy, and it has been there twice. Delta is talking about buying Continental, and Northwest will soon be involved in the mix. They want to condense this down to three big airline carriers. Now, that is not competition where I come from. That is kind of an economic cholesterol that clogs the economic veins of the free market system in this country. We need to stop that.

I am considering legislation that would set up a moratorium on airline mergers above a certain size for a couple years so we can take a breath and understand what this means to the American consumers. The answer of what it means to the American consumers is quite clear to me. Some are rewarded with lower fares—if you are in the large markets where there is competition, while others are paying extraordinary prices to fly in small markets where there is less service and higher prices.

United says it wants to buy USAir. That combination means a bigger company with more market control. American says TWA is failing and it wants to buy TWA. More market control. The TWA thing—if I might just describe the circumstance—is, in my judgment, byzantine. It was purchased by Carl Icahn in a hostile takeover in the 1980s. I said this is unhealthy to put an airline company into these hostile takeover wars, with junk bonds and everything. Guess what the problem with TWA is? At the moment, Mr. Icahn, after having been through two bankruptcies with TWA, has an agreement post bankruptcy to sell seats on TWA at a 45-percent discount from the lowest public fare. This Icahn-TWA deal, termed the "caribou agreement," remains in effect through 2003. Mr. Icahn is vigorously contesting the bankruptcy proceeding because if the assets are sold, the company will cease to exist.

What kind of a deal is that when airlines become pawns in hostile takeovers and then you get sweetheart deals coming out of bankruptcy that impose that kind of burden on the back of TWA?

It doesn't look to me as though the public interest has been defined at all in these machinations. The point is, when airlines have become bigger and bigger and have retreated into dominant hubs, if there is a strike or lock-out and the airline ceases operating, it is not like it was 30 years ago when, if your airline shut down, you had other airlines. In North Dakota, we had five different companies flying jet airplanes into our State. Now we have one, and we just got a second recently with a regional jet.

The point is, when an airline shuts down now, when you have dominance in a certain hub, entire parts of the country will be left with no airline service at all. Those airlines and their